DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
http://www.dail.vermont.gov

Survey and Certification Voice/TTY (802) 241-0480 Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

August 7, 2017

Ms. Brenda Scalabrini, Manager Lincoln House 120 Hill Street Barre, VT 05641-3915

Dear Ms. Scalabrini:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on July 12, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN

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Licensing Chief



08/03/	2017 15:39	802-476-3349	LINC	OLN HOUSE	AUG 0 3 2017	PAGE 04/05 PRINTED: 07/20/20 FORM APPROV
	of Licensing and			State State of State		1 Oldwin Cito
	NT OF DEFICIENCIES FOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	21's 11'	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
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	in the second	0175	B WING			07/12/2017
NAME OF	PROVIDER OR SUPPLI	A SALAN AND AND AND AND AND AND AND AND AND A	DDRESS CITY	STATE, ZIF CODE		
•	N HOUSE	120 HILL	STREET			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	, in	PROVID	ER'S PLAN OF CORRECT	ION (X5)
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SS=D	V. RESIDENT C	ARE AND HOME SERVICES	. [R114			
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	5.3 Discharge ar	nd Transfer Requirements		A Committee of the Comm		
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.	:5.3:a∴involuntary .Residents::::::::::::::::::::::::::::::::::::	Discharge or Transfer of) il pressa.			
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	(2) In the case of transfer, the man	en involuntary discharge or ager shall:				
	. Notify the resid	ent, and if known, a family				
	member and/or le	gal representative of the				
	resident, of the di	scharge or trainsfer and the				
.	specinc reasons if	or the move in writing and in a nner the resident understands				
	at least 72 hours.	defore a transfer within the		entin version		,
	home and thirty (3	(0) days before discharge from				
	member or legal r	esident does not have a family epresentative and requests		The second of th		
	assistance, the no	otice shall be sent to the Long				
-] .	Term Care Ombut	sman, Vermont Protection and		Com Vices		
] :	Advocacy or Verm Project	iont Senior Citizens Law				
						,;
, į i	ii. Use the form pi	rescribed by the licensing				
i 2	agency for giving v	vritten notice of discharge or le a statement in large print that				
įt	he resident has th	re right to appeal the home's				
	decision to transfe	r. or discharge with the				
a	appropriate inform	ation regarding how to do so.		San		·.
i t	ii. Include a statei he resident may n	ment in the written notice that emain in the room of home				
sion of Lice	naing and Protection.	DER/SUPELIER REPRESENTATIVES SIGN	MILLER		<u> </u>	
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08/03	/2017 15:39 802-476-3349	LINCOLN HOUSE	PAGE 05/05					
Division	of Linguish and Brotaction		FORM APPROVED					
STATEME	of Licensing and Protection NT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY					
AND PLAN	N OF CORRECTION IDENTIFICATION NUMBER:	A BUILDING:	COMPLETED					
	01 75	B WING	© 07/12/2017					
NAME OF	PROVIDER OR SUPPLIER STREET AD	RESS, CITY, STATE, ZIP CODE						
LINCOLN HOUSE 120 HILL STREET BARRE, VT 05641								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE FRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRE PREFIX (EACH CORRECTIVE ACTION SHI TAG CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE					
—————————————————————————————————————		R114						
K114	Continued From page 1	X114						
	during the appeal.							
	iv. Place a copy of the notice in the resident's							
· (*)	clinical record.	The state of the s						
	This REQUIREMENT is not met as evidenced by:	A STATE OF THE STA						
	Based on staff interview and record review, the							
,	facility failed to provide Resident #1 with proper discharge information. Findings include:	TO THE YOUR DESCRIPTION OF						
	discharge information, Findings include:							
	Per record review on 7/12/17, Resident #1 was	The state of the s	:					
, ,	given a 30 day discharge notice that did not contain all the information required by regulation.	And Market Market						
	The notice did not include a statement in large.							
	print that the resident has the right to appeal the home's decision to transfer or discharge with the							
	appropriate information regarding how to do so.	The state of the s						
·	The notice also did not include a statement in the written notice that the resident may remain in the							
	room or home during the appeal not did the							
	facility place a copy of the notice in the resident's clinical record. This was confirmed by the							
	Executive Administrator on 7/12/17 at 10.15 AM							
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ision of Uca	ensing and Protection							

R 114 V RESIDENT CARE AND HDME SERVICES

- 5.3 Discharge and Transfer Requirements
- 5.3. a. Involuntary Discharge or Transfer of Residents
- (2) In the case of an involuntary \ Discharge or Transfer, the manager shall:
- i. Notify the resident, and if known, a family member and/or legal representative of the resident, of the discharge or transfer and the specific reasons for the move in writing and in a language and manner the resident understands at least 72 hours before a transfer within the home and thirty (30) days before discharge from the home. If the resident does not have a family member or legal representative and requests assistance, the notice shall be sent to the Long Term Care Ombudsman, Vermont Senior Citizens Law Project.
- ii. Use the form prescribed by the licensing agency for giving written notice of discharge or transfer and include a statement in large print that the resident has the right to appeal the home's decision to transfer or discharge with the appropriate information regarding how to do so.
- iii. Include a statement in the written notice that the resident may remain in the room or home during the appeal
- iv. Place a copy of the notice in the resident's clinical record.
 - Implementation of using the template form the Vermont Agency of Human Services
 Department of Disabilities, Aging and Independent Living website Form
 (Discharge/Transfer Form). Includes the statement of ability to stay within the resident and/or in resident's room.
 - > The form was used and the second Discharge (30) Thirty day notice was given when the second notice was given to resident and his legal representative, Diane DesBois) on July 17th, 2017
 - > Immediately after delivery of the second discharge notice, copies were placed in Paul
 - DesBois Chart.
 - Website and Regulations will be checked prior implementation of notification to ensure accuracy. Responsibility of the Executive Administrator and the Medical Administrator.
 - This process has been implemented as of 07/17/2017

Brenda Scalabrini Executive Administrator

Pamela Heffernan-RN Medical Administrator

07/31/2017